



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Includes handwritten dates and inspection number 2011_041103_0001.

Licensee/Titulaire de permis

BROADVIEW NURSING CENTRE LIMITED
210 Brockville Street, Smiths Falls, ON, K7A-3Z4

Long-Term Care Home/Foyer de soins de longue durée

BROADVIEW NURSING CENTRE
210 Brockville Street, Smiths Falls, ON, K7A-3Z4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

DARLENE MURPHY (103), LYNDIA HAMILTON (124), PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Annual inspection.

During the course of the inspection, the inspector(s) spoke with The Administrator, The Director of Care, The Activity Director and Activity Assistants, RAI Coordinator, Director of Food Services, Social Services/Staff Development Coordinator, Quality Improvement Coordinator, Laundry, Housekeeping and Maintenance staff, Lead Hand, Physiotherapy aides, HR/Payroll/Accounting staff, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Medical Advisor, Family members, Resident Council President and residents.

During the course of the inspection, the inspector(s) Completed a walking tour of the home, reviewed resident health records, home policies and procedures, resident financial files, staff work routines and schedules

The following Inspection Protocols were used in part or in whole during this inspection:

- Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Admission Process
Continence Care and Bowel Management
Critical Incident Response



Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

- Dignity, Choice and Privacy
- Dining Observation
- Falls Prevention
- Family Council
- Hospitalization and Death
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Recreation and Social Activities
- Resident Charges
- Residents' Council
- Responsive Behaviours
- Safe and Secure Home
- Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions	Définitions
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following subsections:

s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

- all expired drugs;
- all drugs with illegible labels;
- all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and
- a resident's drugs where,
 - the prescriber attending the resident orders that the use of the drug be discontinued,
 - the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or
 - the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

s. 136. (2) The drug destruction and disposal policy must also provide for the following:

- That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.
- That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.
- That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
- That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 79/10, s. 136 (2).

Findings/Faits sayants :

- During review of the medication carts, emergency box and medication stock room, expired medications were observed.
- On May 2, 2011 a review of the homes medication policies and procedures indicated that the home did not have a policy and procedure regarding the ongoing identification, destruction and disposal of expired drugs.

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits sayants :



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

1. Broadview Nursing home is a long-term care home with an attached retirement home. In reviewing the work routines for the Supervisor Registered Nurse (RN) for night shifts 2300-0700 it was identified that the RN has a responsibility to complete fire checks in the Retirement Home. In reviewing the staffing patterns of the home it is noted that on each shift the home has only one RN on staff.

The Administrator Jim Parson reported that RNs and Registered Practical Nurses (RPN) assist in the retirement home to assess residents in the event of emergencies. The administrator reported that the night RN completes fire checks in the retirement home each night.

The Director of Nursing Cathy Cole reported that both RNs and RPNs occasionally administer medications by injections to clients in the retirement home.

Alaina Kerr Staff Development Coordinator reported that RNs administer Vitamin K by injection to clients in the retirement home.

Additional Required Actions:

CO # - 902 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits sayants :

1. On April 18th, 2011 at 1230 in the dining room it was observed that a resident had personal health information posted by staff on his/her dining table.

It was observed on April 29th, 2011 that Registered Practical Nurse had discarded into the general garbage used medication packs that had contained resident name, nursing home, name of medication and frequency of dosage.

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council
Specifically failed to comply with the following subsections:**

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits sayants :

1. Rob Pierman, Activity Director, advised the Administrator responds to concerns and recommendations verbally and signs and dates the bottom of Resident Council minutes.

2. The Administrator, Jim Parsons confirmed he responds verbally, and not in writing, to Resident Council concerns or recommendations.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits sayants :

1. The home's "Resident Information Package" does not include an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm of a resident.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

Findings/Faits sayants :

1. On April 27, 2011, the Administrator, Jim Parsons confirmed that the most recent audited report is not posted in the home. On April 28, 2011, the Administrator, Jim Parsons confirmed that the following information is not posted in the home:
 - The French copy of the Residents' Bill of Rights
 - The policy regarding minimizing of restraints and the information about how a copy of the policy can be obtained
 - The telephone number of the licensee.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits sayants :

1. A satisfaction survey was conducted in July 2010 and April 2011. Alaina Kerr, Social Services and Staff development Coordinator states the July 2010 satisfaction survey results were posted in the staff area for the staff members to review, but were not made available to the Resident's Council.

2. Kerr confirmed the home did not consult with the Resident's Council in regards to the development of the satisfaction survey for either July 2010 or April 2011. She also confirmed the home did not consult with the Resident's Council in acting on the results of the July 2010 satisfaction survey.

The results for the April 2011 satisfaction survey have not yet been completed.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.

3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.

4. Monitoring of all residents during meals.

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

6. Food and fluids being served at a temperature that is both safe and palatable to the residents.

7. Sufficient time for every resident to eat at his or her own pace.

8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits sayants :

1. Meal and snack times are not reviewed with the Resident Council.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 83. Agreement with attending physician
Where a written agreement between a licensee and a physician is required under subsection 82 (4), the agreement must provide for, at a minimum,

- (a) the term of the agreement;
- (b) the responsibilities of the licensee; and
- (c) the responsibilities or duties of the physician, including,
 - (i) accountability to the Medical Director for meeting the home's policies, procedures and protocols for medical services,
 - (ii) provision of medical services, and
 - (iii) provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 83.

Findings/Faits sayants :

1. On May 2, 2011 the Administrator Jim Parsons reported that the home does not have a written agreement with one of the physicians.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 109. Policy to minimize restraining of residents, etc. Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,

- (a) use of physical devices;
- (b) duties and responsibilities of staff, including,
 - (i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,
 - (ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;
- (c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
- (d) types of physical devices permitted to be used;
- (e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as set out in section 33 of the Act is to be obtained and documented;
- (f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and
- (g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation. O. Reg. 79/10, s. 109.

Findings/Faits sayants :

1. On May 2, 2011 a review of the homes restraint policy # E-25 indicated that the home had identified that vest and jacket restraints were identified as types of physical devices permitted to be used.
Ontario Regulation 79/10 section 112 (2) identifies that vest or jacket restraints are prohibited devices.
An audit of restraints used in the home indicated that vest and jacket restraints were not available nor used in the home.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care
Specifically failed to comply with the following subsections:

- s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
- (a) mouth care in the morning and evening, including the cleaning of dentures;
 - (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
 - (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits sayants :



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

1. A resident was observed with halitosis and a thick coloured substance in mouth. The resident reported that he/she had not been provided with mouth care for two consecutive days.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).

Findings/Faits sayants :

1. The home's "Resident Information Package" does not include the Ministry's toll-free telephone number for making complaints about the home:

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement

Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits sayants :

1. Met with the administrator Jim Parsons on Apr 27, 2011 at 1330 hours. Jim Parsons reported that no record is kept of the communication made to the Residents' Council regarding improvements made to the quality of accommodation, care, services, programs and goods. Jim Parson reported that it is an informal process generally by word of mouth.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévues le Loi de 2007 les
foyers de soins de longue

Specifically failed to comply with the following subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits sayants :

1. The Director of Care, Cathy Cole reported that currently the staff are not screened for tuberculosis.
2. The Director of Care reported that residents are not currently receiving immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
3. The Director of Care confirmed that a resident was not screened for tuberculosis within 14 days of admission.

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 241. Trust accounts

Specifically failed to comply with the following subsections:

s. 241. (7) The licensee shall,

- (a) provide a resident, or a person acting on behalf of a resident, with a written receipt for all money received by the licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident;
- (b) where the licensee has deposited in a trust account money received from any person on behalf of a resident, make part or all of the money available to the resident or a person acting on behalf of the resident,
 - (i) in accordance with the instructions of the resident or a person acting on behalf of the resident in respect of the property the resident or the person is legally authorized to manage, and
 - (ii) upon the resident, or the person acting on behalf of the resident, signing an acknowledgement that the resident, or the person acting on behalf of the resident, received the funds;
- (c) maintain a separate ledger for each trust account showing all deposits to and withdrawals from the trust account, the name of the resident for whom the deposit or withdrawal is made and the date of each deposit or withdrawal;
- (d) maintain a separate book of account for each resident for whom money is deposited in a trust account;
- (e) on the written demand of a resident, or a person acting on behalf of a resident, make the residents' book of account referred to in clause (d) available for inspection by the resident or the person during any business day;
- (f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement; and
- (g) with respect to each resident for whom money is deposited in a trust account, retain for a period of not less than seven years;
 - (i) the books of account, ledgers, deposit books, deposit slips, pass-books, monthly bank statements, cheque books and cancelled cheques applicable to the trust account,
 - (ii) the written instructions and authorizations and acknowledgements of receipt of funds of the resident and the person acting on behalf of the resident, and
 - (iii) the written receipts and statements provided to the resident, or a person acting on behalf of a resident. O. Reg. 79/10, s. 241 (7).

Findings/Faits sayants :

1. Tina Stevens, HR/Payroll/Accounting, confirmed that the residents or the persons acting on behalf of the residents are not receiving a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the residents' funds as of date of the statement.



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system
Specifically failed to comply with the following subsections:

s. 114. (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

Findings/Faits sayants :

1. The home's Medication Administration Policy, F-05, states "All medications administered must be initialed as given by the registered staff as soon as the medications have been given."
On April 28, 2011 a Registered Practical Nurse (RPN), was observed administering medications to three residents. The RPN was observed initialing the medication administration record prior to the medication being given to the residents.
2. Observed medication pass for residents and noted that Registered Practical Nurse (RPN) had pre-poured medications for 0800. Observed RPN had signed for medications for resident prior to administration for 1200 medication pass.

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits sayants :

1. Some residents reported they preferred to shower but could not as the home does not have a shower.
2. The administrator Jim Parsons was interviewed on April 21, 2011. He reported that the home does not currently have any showers in the building. He stated that the retirement home, which is attached to the nursing home has a shower. Jim Parsons reported that the shower room in the retirement home would not accommodate residents in wheelchairs nor would it accommodate residents that required shower chairs.

WN #18: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 90. Funding

Findings/Faits sayants :

1. This Written notification should not appear in this report but cannot be removed as a result of a technical problem. This issue as it relates to funding for registered staff performing duties in the attached retirement home will be addressed in a separate inspection.

Issued on this 12th day of May, 2011



Ministry of Health and
Long-Term Care

Inspection Report under
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Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Darlene Murphy



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) : DARLENE MURPHY (103), LYNDA HAMILTON (124), PAUL MILLER (143)
Inspection No. / No de l'inspection : 2011_041103_0001
Type of Inspection / Genre d'inspection: Annual
Date of Inspection / Date de l'inspection : April 12, 18-21, 26-29, May 2-5, 2011
Licensee / Titulaire de permis : BROADVIEW NURSING CENTRE LIMITED
LTC Home / Foyer de SLD : BROADVIEW NURSING CENTRE
Name of Administrator / Nom de l'administratrice ou de l'administrateur : JIM PARSONS

To BROADVIEW NURSING CENTRE LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Order Type / Genre d'ordre : 901 Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of, (a) all expired drugs; (b) all drugs with illegible labels; (c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and (d) a resident's drugs where, (i) the prescriber attending the resident orders that the use of the drug be discontinued, (ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or (iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

Order / Ordre :

The Licensee shall ensure that all medication storage carts, emergency stock box and storage areas are reviewed and have all expired medications removed.

The Licensee shall ensure a written policy is developed and implemented that provides for the ongoing identification, destruction and disposal of all expired medications.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Grounds / Motifs :

1. Review of the medication storage carts, emergency stock box and medication storage room was completed and expired medications were found.

(103)

2. The Licensee has not ensured that drug storage audits were completed on medication carts as per the pharmacy contract dated January 2011.

On May 2, 2011 a review of the home's medication policies and procedures indicated that the home did not have a policy and procedure regarding the ongoing identification, destruction and disposal of expired drugs.

(143)

3.

(124)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 27, 2011



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 902

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The Licensee will stop allocating any registered nurse time to the retirement home if that time is required in the home to meet the requirements of LTCHA 2007, S.O. 2007, c.8, s.8 (3).

Grounds / Motifs :

1. Broadview Nursing home is a long-term care home with an attached retirement home.
In reviewing the work routines for the Supervisor Registered Nurse (RN) for night shifts 2300-0700 it was identified that the RN has a responsibility to complete fire checks in the Retirement Home.
In reviewing the staffing patterns of the home it is noted that on each shift, the home has only one RN on site.
On May 2, 2011 the following staff reported:
-The Administrator Jim Parsons stated that RNs and Registered Practical Nurses (RPN) assist in the retirement home to assess residents in the event of emergencies. The administrator reported that the night RN completes fire checks in the retirement home each night.
-The Director of Nursing Cathy Cole reported that both RNs and RPNs occasionally administer medications by injections to clients in the retirement home.
-Alaina Kerr Staff Development Coordinator reported that RNs administer Vitamin K by injection to clients in the retirement home.
(143)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 06, 2011



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

REVIEW/APEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-760

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Clair Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 5th day of May, 2011

Signature of Inspector / Signature de l'inspecteur: [Handwritten signature]

Name of Inspector / Nom de l'inspecteur : DARLENE MURPHY

Service Area Office / Bureau régional de services : Ottawa Service Area Office